



## OFFICIAL COMMUNICATION

5775 Morehouse Drive  
San Diego, CA 92121  
Fax: (858) 658-2502

*Facsimile Transmittal*

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APR 13 2005

DATE: April 13, 2005

TO: Amendment  
Commissioner for Patents

ATTN: Examiner: Alpus Hsu  
Art Unit: 2665

FAX NUMBER: (703) 872-9306

FROM: Roberta A. Young, Attorney for Applicant  
Registration No. 53,818

Total Number of Pages Sent: 13 (including this transmittal cover sheet)

\*\*\*\*\*

## FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 000186

## ENCLOSED ARE:

- Amendment (10 pages)
- Transmittal (in duplicate)

APPLICANT: Serge Willenegger

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/788,258

FILED: February 15, 2001

FOR: Method and Apparatus for Controlling Transmit Power of Multiple Channels in a CDMA Communication System

\*\*\*\*\*

Please contact Sheryl Schoen at (858) 658-5102 if all pages do not transmit.

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PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 000186  
In Re Application of: 09/788,258  
Serial Number: 09/788,258  
Filed: February 15, 2001  
Examiner: Alpus Hs  
Group Art Unit: 2665

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APR 13 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	28	28	0	x \$50 =	\$0.00
Independent**	4	4	0	x \$200 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120.00
				<input type="checkbox"/> Two Months	\$0.00
				<input type="checkbox"/> Three Months	\$0.00
TERMINAL DISCLAIMER				\$130	\$0.00
				TOTAL FEE	\$120.00

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 13, 2005

Signature:

*Roberta A. Young*  
Roberta A. Young, Reg. No. 53,818  
(858) 658-5103

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

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Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: April 13, 2005

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Depositor's Name: Sheryl Schoen  
(type or print name)

Signature:

*Sheryl Schoen*

(TRANSAMD.VER1.13-04/30/04)

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PTO/SB/21

U.S. Department of Commerce  
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Mail Stop Amendment  
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 Attorney Docket No.: 000186  
 In Re Application of: 09/788,258  
 Serial Number: 09/788,258  
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**DUPLICATE**

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Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$0.00
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$150	\$0.00
				<b>TOTAL FEE</b>	<b>\$120.00</b>

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Date: April 13, 2005

Signature: Roberta A. Young  
 Roberta A. Young, Reg. No. 53,918  
 (858) 658-5803

QUALCOMM Incorporated  
 Attn: Patent Department  
 5775 Morehouse Drive  
 San Diego, California 92121-1714  
 Telephone: (858) 658-5787  
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Depositor's Name: Sheryl Schoen  
 (type or print name)

Signature: Sheryl Schoen

(TRANSAMD.VER1.13-04/30/04)

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